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COVER LETTER

TO: Registration S Division of Co			
Regenerati	ve Beauty LLC		
Dominot.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	<u>-</u>	
	Tiffany O'Rourke		
		Name of Person	
	Regenerative Beauty LLC		
		Firm/Company	
	2901 SW 81 Terrace		
		Address	
	Davie, FL 33328		
	regenbeauty (@gmail.com	City/State and Zip Code	······································
	=	to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	ill:	
Tiffany O'Rourke		954 444-9587 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Regenerative Beauty LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company	were filed on 04/19/2021	and assigned
Florida document number L21000181813		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	704 Goodlette-Frank Road	
(Principal office address MUST BE A STREET ADDRESS)	Suite 239	20 SE
	Naples, FL 34102	210 ALL
Enter new mailing address, if applicable:	2901 SW 81 Terrace	CT-8
(Mailing address MAY BE A POST OFFICE BOX)	Davie, FL 33328	ĭin ₹ Im
		77 9 U
		57
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new registers
seem and of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S.S
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Tiffany O'Rourke	2901 SW 81 Terrace	🗀 Add
		Davie, FL 33328	□Remove
			■Change
AMBR	Rosa Ruvolo Basile	1119 Mount Rushmore Drive	
		Naples, FI. 34110	□Remove
			■Change
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the if an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	rock does not micel tite ap	DOGADIC STATUTORY HITTI	(optional) ore than 90 days after filing.) Pur requirements, this date will	suant to 605.0207 (not be listed as t
record specifies a delayed effecti d is filed.	ve date, but not an effective	re time, at 12;01 a.m. o	n the earlier of: (b) The 90	th day after the
October 5	2021	·		
- Juffe	Signature of a member or a	Uthorized representative of	of a member	
V O	-			
Tiffany O'Rourke				

Filing Fee: \$25.00